

Work Order ID 100134

Thursday, April 18, 2013 10:21:37 AM

100134

Page 1

Item ID: D4003-11

Accept

Revision ID:

Item Name: Vent Pipe - Tank

Start Date: 4/18/2013 Start Qty: 6.00

6

Required Date: 4/25/2013 Req'd Qty: 6.00

6

Reference:

N900040100

Setup Start

NS1

Stop

NS2

Cust Item ID:

Customer:

Approvals: Process Plan: *WFC*Date: *13-4-18*

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								

D4003	A								
100		0.00							
100 Small Fab	Memo	0.00							
Small Fab	1- Cut tube xxx" long								
	2- Bend as per dwg								
110	QC5- Inspect part completeness to step on W/O	0.00	<i>DAS</i> <i>27</i>						
110 QC	Memo	0.00	<i>134.19</i>						
Quality Control									
150	Chemical Conversion Coat per QSI005 4.1	0.00							
150 HandFinish	Memo	0.00							
Hand Finishing									

FF
6 *φ* *13-04-19**6**6* *13-4-18*

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
				Bending <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>				
				Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>				
				Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>				
				Crushed/Crimped. <input type="checkbox"/>	Burrs <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>				
				Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Part Moved <input type="checkbox"/>					
				Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>					
				Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>				
				Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>						
				Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>						
				Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>						
				Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>						

Work Order ID 100134

Thursday, April 18, 2013 10:21:37 AM

100134

Page 2

Item ID: D4003-11

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Vent Pipe - Tank

Stop

NS2

Start Date: 4/18/2013 Start Qty: 6.00

6

Cust Item ID:

Required Date: 4/25/2013 Req'd Qty: 6.00

6

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2Sequence ID/
Work Center ID

160

160

QC

Quality Control

Operation
Description

QC3- Inspect Part Finish

Set Up/
Run Hours

0.00

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
StampDAS
21

6

13.4.30

170

Identify as per dwg & Stock Location: STAN40 0.00***170***

Packaging

Packaging

Memo

0.00

6x

SL
12-5-7

180

QC21- Final Inspection - Work Order Release

0.00

180

QC

Quality Control

Memo

0.00

13/5/808

AP B-05-7

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Doc/Data											
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Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
				Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>			
				Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>			
				Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>			
				Crushed/Crimped. <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>			
				Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>				
				Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>				
				Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>			
				Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>					
				Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>					
				Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>					
				Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>					

Picklist Print

Thursday, April 18, 2013 10:21:37 AM

Page 1

Work Order ID: 100134

Parent Item: D4003-11

Parent Item Name: Vent Pipe - Tank

Start Date: 4/18/2013

Required Date: 4/25/2013

Start Qty: 6.00

Required Qty: 6.00

Comments: IPP rev A 10.01.12 new issue prelim EC verified by:DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M6061T6T0.500W.035 6061-T6 RD Tube .500 x.035W		Purchased	No			100	f	208.3500	1.97	11.82			

Location	Loc Qty	Loc Code
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MAT014	208.35	
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121848	170	
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4692	38.35	
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11-82

FF 13-04-19

NCR: Yes / No

DQA: _____ Date: _____

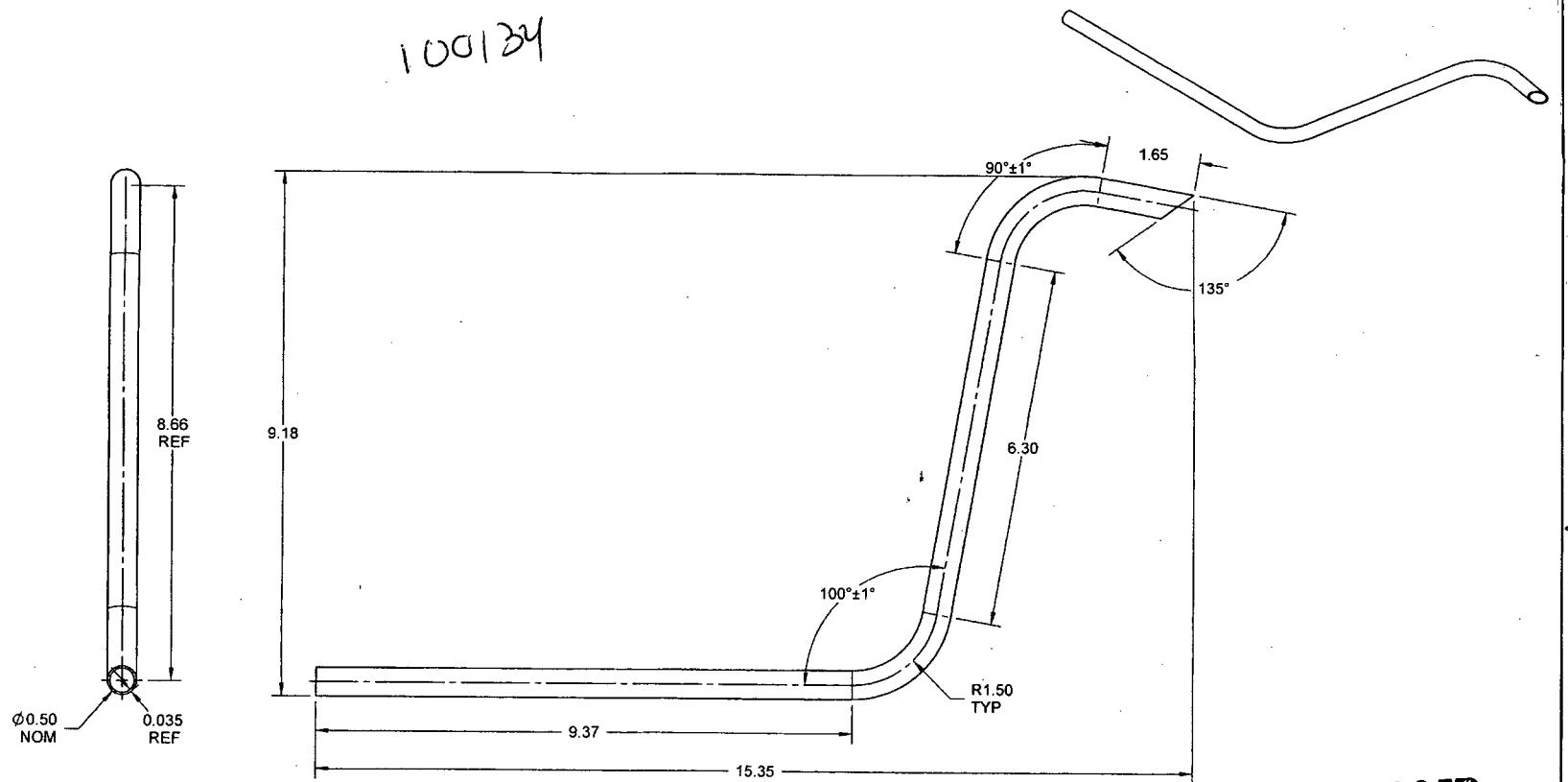
WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____		DISPOSITION		AGAINST DEPARTMENT/PROCESS						
Part No. _____		Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>		
NCR No. _____		Use-as-is <input type="checkbox"/>	Work Order Update <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>		
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear			General							
Bending			Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>				
Centre Not Concentric to O/S			BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>				
Cracks			Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>				
Crushed/Crimped.			Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>				
Cuffs			Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>					
Heat Treat			Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>					
Inspection Strip in Tube			Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>				
Ripples in Bend			Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>						
Torque Waves in Extrusion			Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>						
Turning Sequence			Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>						
Wave/Twist in Tube			Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>						

8	7	6	5	4	3	2	1
DART AEROSPACE PART NUMBER	JOHN CAMERON AVIATION PART NUMBER						
D4003-11	JCA-M47-2-21						

100134



D4003-11 VENT PIPE - TANK

RELEASED
2010-05-05
NP

A NOTES:

- 1) MATERIAL: 6061-T6 OR 6061-T62 ALUMINUM TUBING, $\phi 0.500 \times 0.035$ WALL THICKNESS PER WV-T-700/6 OR AMS 4080 OR AMS 4082 OR QQ-A-200/8 OR QQ-A-225/8 REF DART SPEC M6061T60.500W.035
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D4003-11" AND B/N USING FINE POINT PERMANENT INK MARKER
- 7) WEIGHT: 0.11 lbs

DESIGN	<i>AB</i>	DART AEROSPACE LTD
DRAWN	<i>AB</i>	HAWKESBURY, ONTARIO, CANADA
CHECKED	<i>AB</i>	REV. A
MFG. APPR.	<i>AB</i>	SHEET 8 OF 9
APPROVED	<i>AB</i>	TITLE
DE APPR.	<i>AB</i>	SCALE
DATE	10.02.05	NTS

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NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT
WRITTEN PERMISSION FROM DART AEROSPACE LTD

NCR: Yes / No

DQA: Date:

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
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Part No. _____											
NCR No. _____											
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data	<input type="checkbox"/>										
Equip/Tooling	<input type="checkbox"/>										
Operator	<input type="checkbox"/>										
Material	<input type="checkbox"/>										
Setup	<input type="checkbox"/>										
Other	<input type="checkbox"/>										
Process	<input type="checkbox"/>										
Supplier	<input type="checkbox"/>										
Training	<input type="checkbox"/>										
Unapproved	<input type="checkbox"/>										
FAULT CATEGORY											
Landing Gear				General							
Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced			
Centre Not Concentric to O/S	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Temperature/Cure			
Cracks	<input type="checkbox"/>	Broken/Damaged	<input type="checkbox"/>	Inspection Incomplete	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Weld			
Crushed/Crimped	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Wrong Stock Pulled			
Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>				
Heat Treat	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>				
Inspection Strip in Tube	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Misread	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>				
Ripples in Bend	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Offset	<input type="checkbox"/>		<input type="checkbox"/>				
Torque Waves in Extrusion	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>		<input type="checkbox"/>				
Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>		<input type="checkbox"/>				
Wave/Twist in Tube	<input type="checkbox"/>	Folio	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>		<input type="checkbox"/>				